

**State of New Jersey Division of Child Behavioral Health Services
Behavioral Assistance Individual Service Plan (BAISP)**

Youth's Name:	Mortimer Jones	10/30/2007	11/30/2007
	Type Name	Date of Initial BAISP	Date of Review (if applicable)

YOUTH AND FAMILY GOALS (outcomes)	SPECIFIC TARGET BEHAVIORS (specify frequency, location, and intensity)	STRATEGIES	PERSON(S) RESPONSIBLE	PROGRESS TOWARD MEETING YOUTH AND FAMILY GOAL	ESTIMATED ACHIEVED DATE (30, 45, 75, or 90 days)	ACTUAL ACHIEVED OR REVISED DATE
List and number the goals that have been developed with the youth and his/her family. These goals should describe what the youth and family want to be different in the next 90 days.	List the specific target behaviors that will be addressed in order to achieve the goals. Include information about frequency, intensity, and duration.	Identify strategies that will support the development of new or enhanced skills to modify the specific target behaviors. Use consistent, action-oriented, strengths-based language.	All members of the Child Family Team who will be attentive to this goal should be listed, including when applicable: outpatient therapist, teacher, extended family member, etc.	<p>"Achieved"=85-100% reduction in target behavior and/or 85-100% adoption of new target behavior.</p> <p>"Definite progress"=50-80% reduction in target behavior or adoption of new target behavior.</p> <p>"In progress"=less than 50% change in target behavior. "In progress" requires review and revision of target behavior, strategies, and/or person(s) responsible.</p>		
1. Youth will demonstrate increased compliance with family rules and schedule.	<p>Youth will bring homework home, complete it, and present it to caregiver for review 5 days a week.</p> <p>Youth will record his progress every week.</p> <p>Caregiver will positively reinforce youth with praise and _____ after each weekly review of progress.</p>	<p>Youth and BA will organize schoolwork and backpack.</p> <p>Youth and caregiver will develop list of "priority" subjects.</p> <p>Youth, caregiver, and BA will establish an in-home "homework station."</p> <p>BA will support and coach youth to complete homework.</p> <p>Youth and BA will report effective coaching strategies to caregiver.</p>	<p>Youth</p> <p>Caregiver</p> <p>Teacher or Guidance Counselor</p> <p>BA</p>	<p>Youth has made definite progress.</p> <p>Youth is bringing home, completing, and presenting homework to caregiver 3 out of 5 days a week.</p>	30 days; November 30, 2007	45 days; December 15, 2007

**State of New Jersey Division of Child Behavioral Health Services
Behavioral Assistance Individual Service Plan (BAISP)**

Licensed Clinician (responsible for the development of the Behavioral Assistance Plan)	Jean		
	Type Name	Signature	
Licensure (i.e., LPC, LCSW, LMFT, LCMHC, APN (MH), Psychiatrist, Psychologist)	LCSW	Date	
License Number	123456789A		
License Expiration Date	04/30/2009		

BA Supervisor: Licensed Clinician (if different than above) (signing does not indicate responsibility for development or implementation of the plan, but does demonstrate awareness of the plan)	N/A		
	Type Name	Signature	
Licensure (i.e., LPC, LCSW, LMFT, LCMHC, APN (MH), Psychiatrist, Psychologist)		Date	
License Number			
License Expiration Date			

Behavioral Assistant (individual who will implement the Behavioral Assistance Plan)	Joe Beeyay		
	Type Name	Signature	Date

Caregiver	Morticia Jones		
	Type Name	Signature	Date

Youth	Mortimer Jones		
	Type Name	Signature	Date

Copies of the Behavioral Assistance Plan were given to the youth and to the family:	<input checked="checked" type="checkbox"/> Yes	<input type="checkbox"/> No
--	--	-----------------------------